

8165 INDIAN TRAIL RD

19714131

4/30/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2445A

PH $50 10/10/94 Ck # 1492 [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

PERSON FILING APPLICATION:
NAME: Sasser (last) Kenneth (first) D (mi)
ADDRESS: 8165 Industrial Rd PHONE: (704) 545-0885
CITY: Charlotte NC. STATE: --- ZIPCODE: ---

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-141-31
STREET ADDRESS: 8165 Industrial Rd
ZONING:

PROPERTY OWNER:
NAME: Sasser (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Bldg
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business ____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Kenneth D. Sasser Date: 10-10-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...May use existing System for Storage Building

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist 10/17/94 Date

Director or Authorized Section Head 10/20/94 Date

WATER : 122

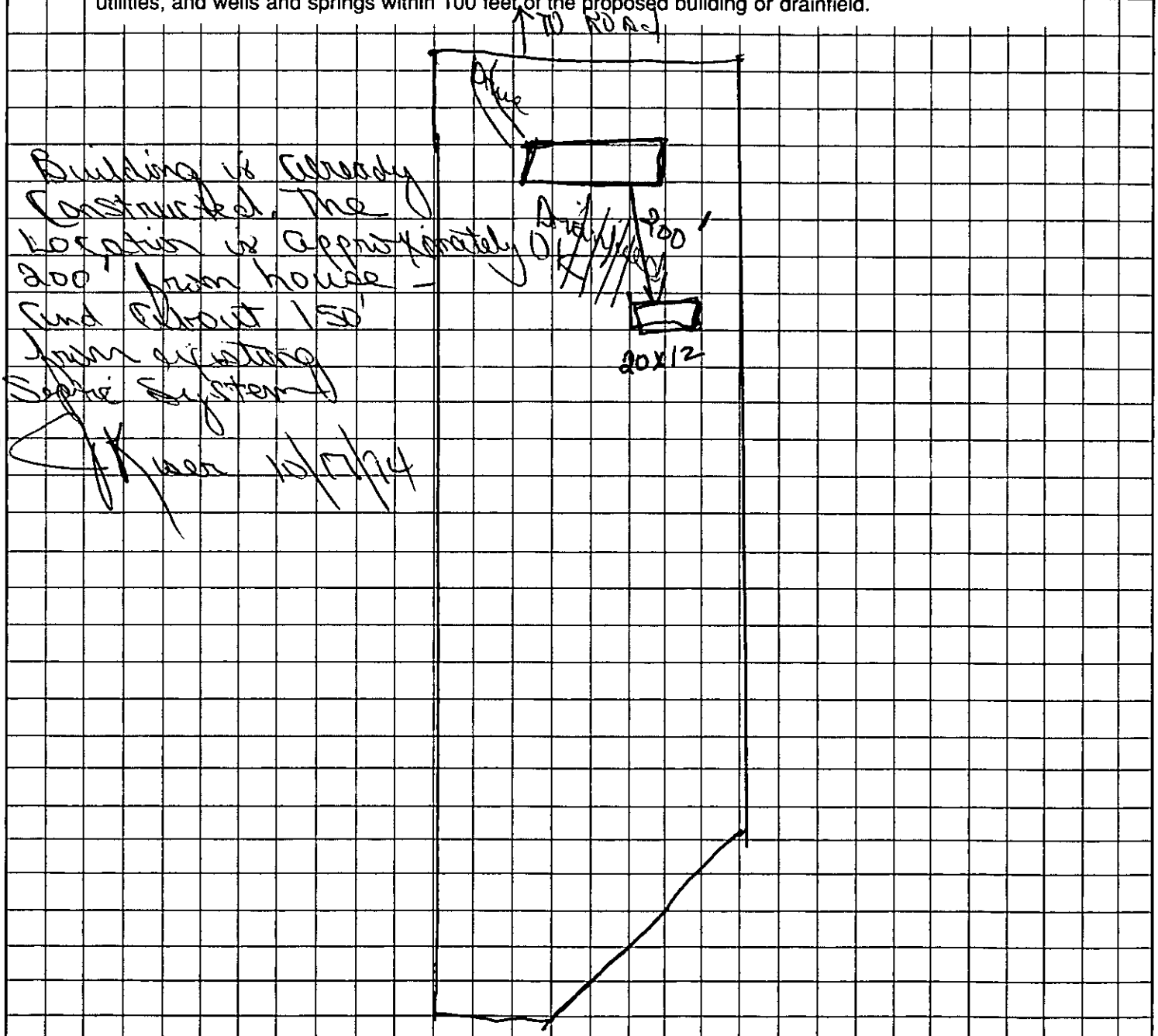
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2445A

TC: 197-14-31

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Building is already constructed. The location is approximately 200' from house. Sand about 150' from existing septic system.

Jason 10/17/94

Kenneth D Sossoman
OWNER/AGENT SIGNATURE

DATE 10-10-94

APPROVAL DATE 10/17/94 J Kyles

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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P/C $50.00 10/10/94 Ck # 1492 [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Sasser (last) Kenneth (first) D (mi)
ADDRESS: 8165 Idlewild Rd PHONE: (704) 545-0585
CITY: Charlotte NC. STATE: ZIPCODE:

Date:

PROPERTY OWNER:
NAME: Sasser (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

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TAX/PARCEL NUMBER: 197-141-31
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ZONING:

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Signed: Kenneth D. Sasser Date: 10-10-94

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...This permit is not transferable.

...

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[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

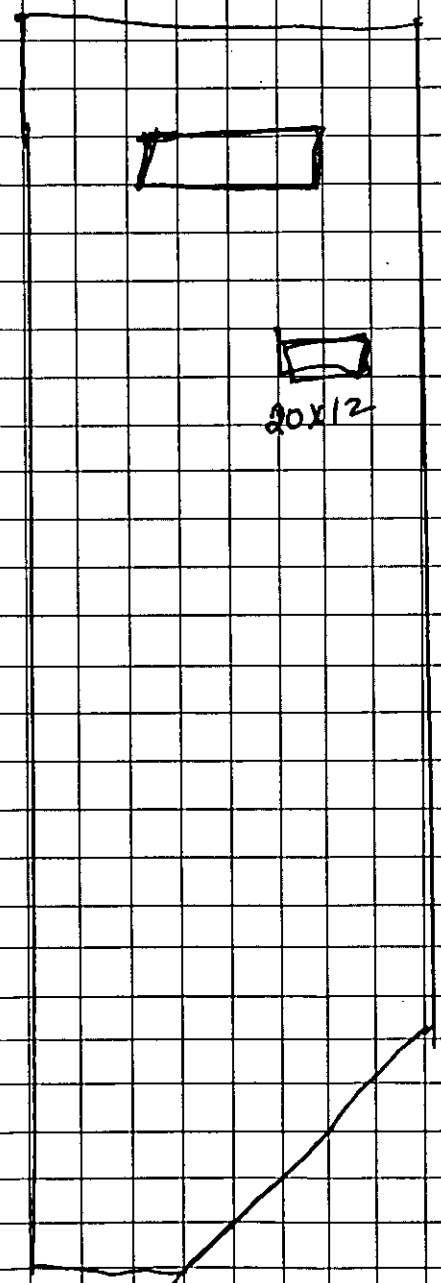
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PHONE (704) 336-5102

FILE: 2445A

TC: 197-141-31

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Kenneth R Sasser
OWNER/AGENT SIGNATURE

DATE 10-10-94

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2495-A DATE: 2-11-88
PC: 197-141-12 ☐ L ☑ CRT
SERIAL № 10861

Name of Owner Carolyn Wilder Juris.:
Address of Property 8165 Jordan Trail Rd

Inspection Data:

Tank Material PVC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 18"
Water Supply Source well
Distance to Water Source >100'
Excavation Inspected 2-11-88
Tank(s) Inspected 2-11-88
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1988, 1500ST, con, 1200 SFT, 12 6, georgeville CTR# owner #3

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☐ installed or constructed ☐ altered or repaired
☐ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this
☐ Certificate of Completion ☐ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

B. R. Ferguson
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

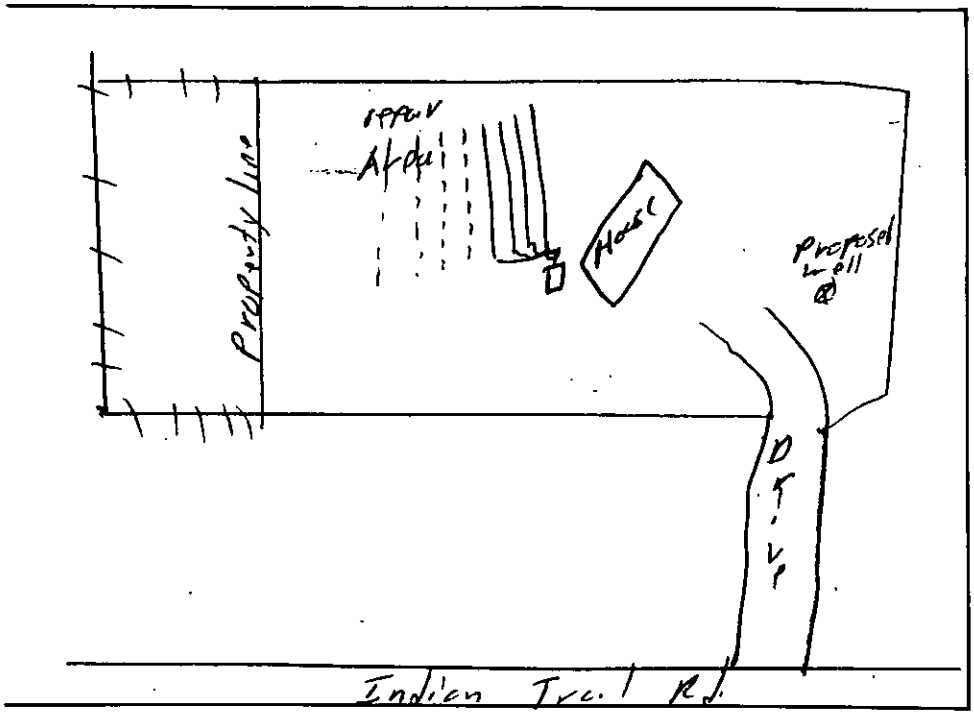
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2445-A DATE: 12-15-87

TC: 197-141-12 P.O ☐ L

SERIAL № 11494

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 12-14-87. All work shall be completed on or before 1-15-88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines FOUR

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line >10' not In yet feet

Distance from Well >100' feet

NAME OF OWNER Carolyn Wilder

LOCATION OF PROPERTY 8165 Indian Trail Rd.

Comments: Four Trenches 100'X3'X12" Stone

Jim Eason
Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

Parcel #227-222-06

Lot 98

Forest Mount
Matthews, NC

Tag# 14-219?

.217

Terri Webb X543
Doug Myers 342-0271

MECKLENBURG COUNTY
Department of Environmental Health

September 25th, 1986

Mary Alexander Watson
420 Aurora Boulevard
Matthews, NC 28105

RE: Property located at Forestmount Drive L98
FILE: 2451A
PARCEL: 22722206

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 13159) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewd, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

John R. Adkisson

John R. Adkisson
Environmental Health Supervisor

Enclosure(2)

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 2451A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: FORESTMONT DRIVE, MATTHEWS, N.C. 28105

② SUBDIVISION: EASTWOOD FOREST PARK ③ LOT: L 98 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 227 PAGE NO.: 22[illegible] PARCEL NO.: 227 22 206

⑥ DEED REFERENCE: BOOK NO.: 3687 PAGE NO.: 359

AGENT OF OWNER

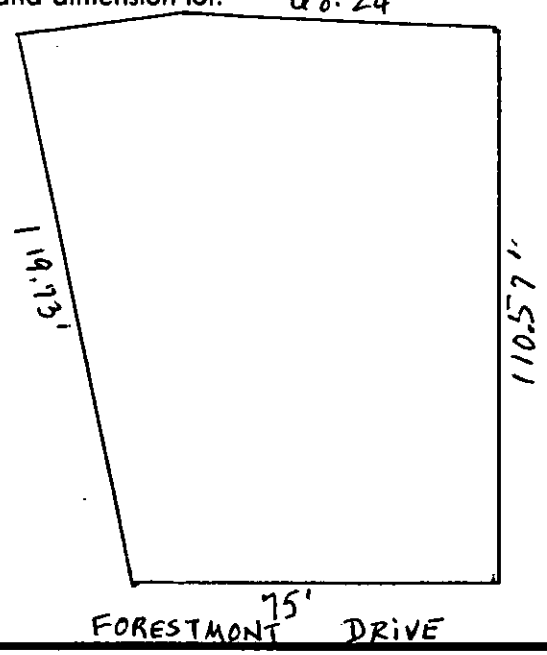
⑦ NAME: MARY (FIRST) ALEXANDER (MIDDLE) WATSON (LAST)

⑧ MAILING ADDRESS: 420 AURORA BLVD.

⑨ CITY: MATTHEWS ⑩ STATE: N.C. ⑪ ZIP: 28105

⑫ PHONE: (WORK) 372-2440 (HOME) 821-6123

⑬ Accurately diagram and dimension lot.



EAST WOOD FOREST PARK

LOT # 98

⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Mary Alexander Watson

Date: 9-15-86

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 13159

File: 2451A Action 2

Parcel: 22722206 ☐ PC

Location: Forestmount Drive

Subdivision:

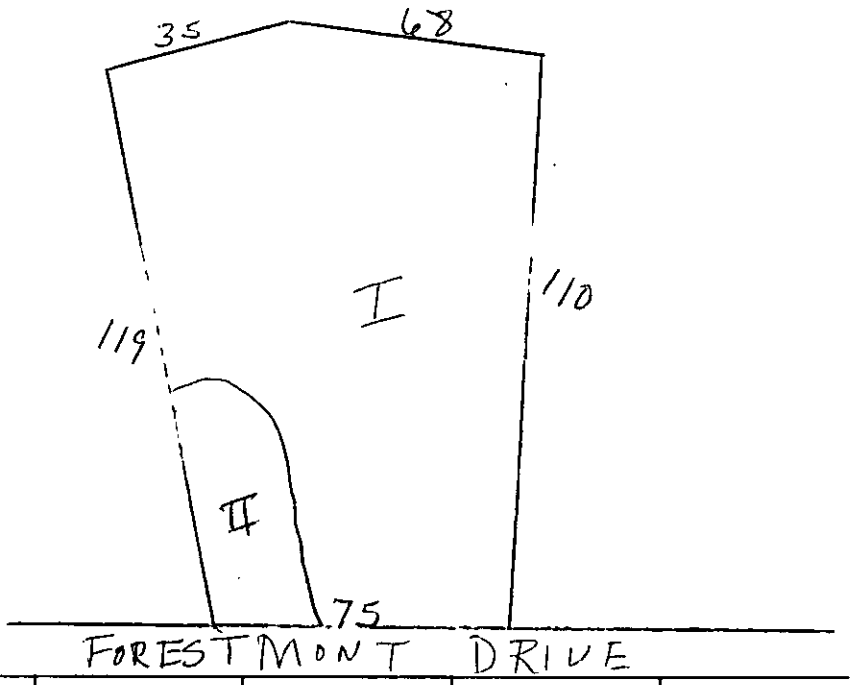
Lot: L98 Block: Acres: .25

Owner: Mary Alexander Watson
Address: 420 Aurora Boulevard
Matthews, NC 28105

Comments: _____

Described by: W. B. Ramsey

Date: 9-24-86



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-8	S PS (U) Complex Slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 14-36	S PS (U) 12-30	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) (U) Hard PAN	S (PS) (U) Hard Pan 15"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U Hard PAN 30"	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Series Not Identifiable	IVa Not Known				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U